

Pre-Agreement On-site Vendor Visit Report

WIC Pre-Agreement On-site Vendor Visit Report

Local agency: _____ Store Name: _____

Manager's Name: _____ Date of Visit: _____

1. Is the vendor located in an area convenient for local participants?
_____ Yes _____ No
2. Does the vendor understand the WIC Program? (Who the WIC Program serves, what services it provides, what role the vendor plays in the WIC Program.)
_____ Yes _____ No
3. Please complete and attach the WIC Food Price Sheet. Are the mandatory minimums of WIC foods stocked?
_____ Yes _____ No

If not, list items that are not in stock:

4. Does vendor have fresh merchandise (no stale dated products) and has store been inspected for cleanliness?
_____ Yes _____ No

Date of posted satisfactory inspection certificate: _____

5. Please review the terms of the WIC Vendor Agreement with the vendor. Does the vendor understand vendor responsibilities, and the penalties for not complying with the Vendor Agreement?
_____ Yes _____ No

6. Was vendor oriented on warrant redemption procedure? _____yes _____no

7. Other comments and observations.

8. At this time, how many enrolled WIC participants live in the area where the vendor is located?

9. What hours of the day and days of the week is the vendor open?

I certify that I have visited this store and
_____ do _____ do not recommend authorization as a WIC vendor.

I recommend that this vendor be exempted from the WIC minimum stock requirements for the following items: ___ infant Formula ___ infant Cereal ___ fresh milk

Reason(s) for this recommendation:

(Printed Name)

(Title)

Signature

Date